

# Re-Modelling NLP: Part Ten: Re-Modelling Unconscious Processes and Hypnosis

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I first became interested in altered states of consciousness when I was fourteen through a mixture of training in karate and yoga. My mother was teaching yoga and also practised transcendental meditation at that time. In 1977 at university I continued to pursue my interest and through Jim McAllister, psychology lecturer and Gestalt therapist, I was introduced to formal hypnosis and the work of Milton H. Erickson MD. I wanted to do some research using hypnosis but no-one was comfortable supervising hypnosis in the psychology department at that time. Instead I undertook a study of glue sniffers using personal construct theory (Personal Construct Theory by George Kelly is well worth reading in connection with NLP and Constructivist approaches to therapy).

After university I continued to experiment with hypnosis, researching the work of Erickson and NLP. Over the years my understanding of hypnosis and the nature of conscious and unconscious processing changed. As I developed more extensive modelling skills I returned to some of the issues that I had started with twenty years before; what is hypnosis, how does it work and how can you work it for useful changes.

## **Modelling Hypnosis and Unconscious Processing**

There are many different opinions, understandings, and models of consciousness and the unconscious. A century ago s the unconscious was considered to be mysterious. In recent times consciousness has become the mystery. There are scores of recent philosophy books each with their view of consciousness. Whatever our understanding, we all use models to assist our understanding and utilisation of the unconscious and trance processes.

There has been a change in the models used over the last hundred years. Erickson, for example, was very comfortable in separating conscious and unconscious functioning. He had very clear ideas about them.

Now I know that this sounds as if I am establishing a psychological dichotomy, treating the mind as if it were comprised of two separate entities. In function, the unconscious and conscious minds often are separate entities.”

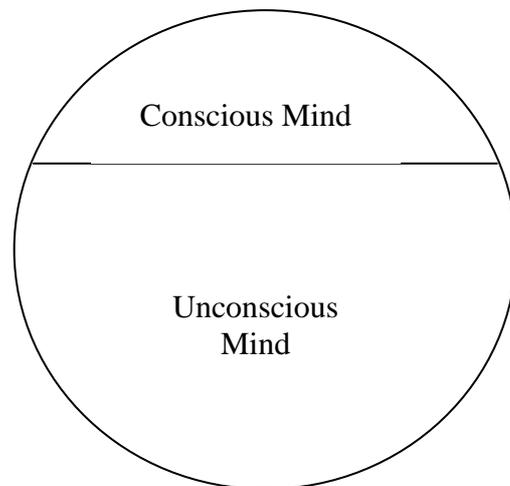
Milton H. Erickson, *Life Reframing in Hypnosis*, Pages 143- 144

## **Some of the traditional models of trance and conscious/unconscious processes**

Over the last hundred years the models used to describe the relationship between the conscious and unconscious minds have changed. The main ones that I will describe are:

1. Traditional Conscious – Unconscious “Depth” Model
2. Brain Hemispheres
3. Emergent Multi-Functional Levels

### **1. Traditional Conscious – Unconscious “Depth” Model**



In the depth model the unconscious is mysterious and often a “dark” place; a place where our base nature resides. Freud’s insights included his recognising the seemingly separate functioning of the unconscious though dreams and also in waking behaviour through such things as Freudian slips. A Freudian slip is the insertion in a sentence of a word that is part of a different unconscious meaning.

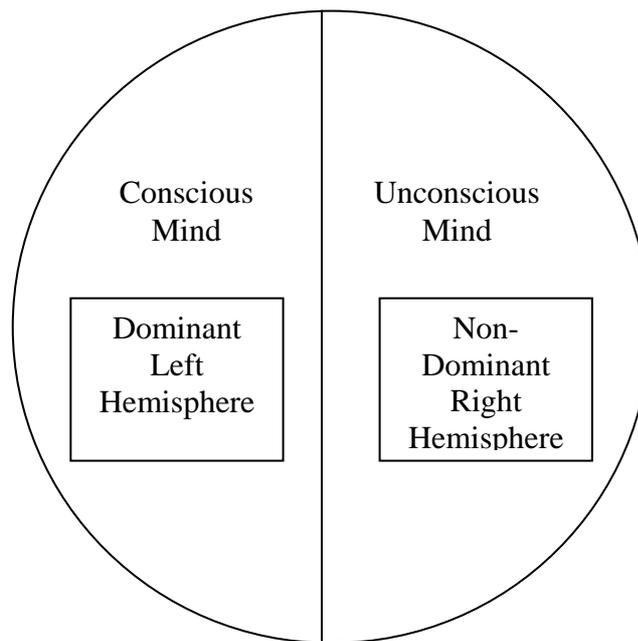
#### **Limitations of this Model**

1. Many unconscious functions are not mysterious but perfectly straight-forward e.g. skills, habits, preferences.
2. Specialisation of conscious and unconscious processing is not only at different depths. A lot of conscious communication is evident in the dominant side of the body and unconscious communication in the non-dominant side.
3. The unconscious is not always in opposition to the conscious mind but in fact they work in harmony most of the time.

### **2. Brain Hemispheres Model**

In the seventies the brain hemisphere model was gaining popularity and together with the concerns about the simple depth model, a new model emerged as the popular description of conscious and unconscious processing.

Bandler and Grinder used this model in their modelling of the Gestalt therapy of Fritz Perls and in their modelling of Erickson and Trance phenomena.



In this model specialist functions are centred in each of the two hemispheres of the brain. The dominant hemisphere is associated with the conscious mind (the left hemisphere for a 'right-handed' person). The left hemisphere is traditionally associated with functions such as linear, logical, and linguistic. The non-dominant hemisphere is associated with the unconscious functions (the right hemisphere for a right-handed person). The right hemisphere is traditionally associated with functions such as pattern, symbol, and intuition.

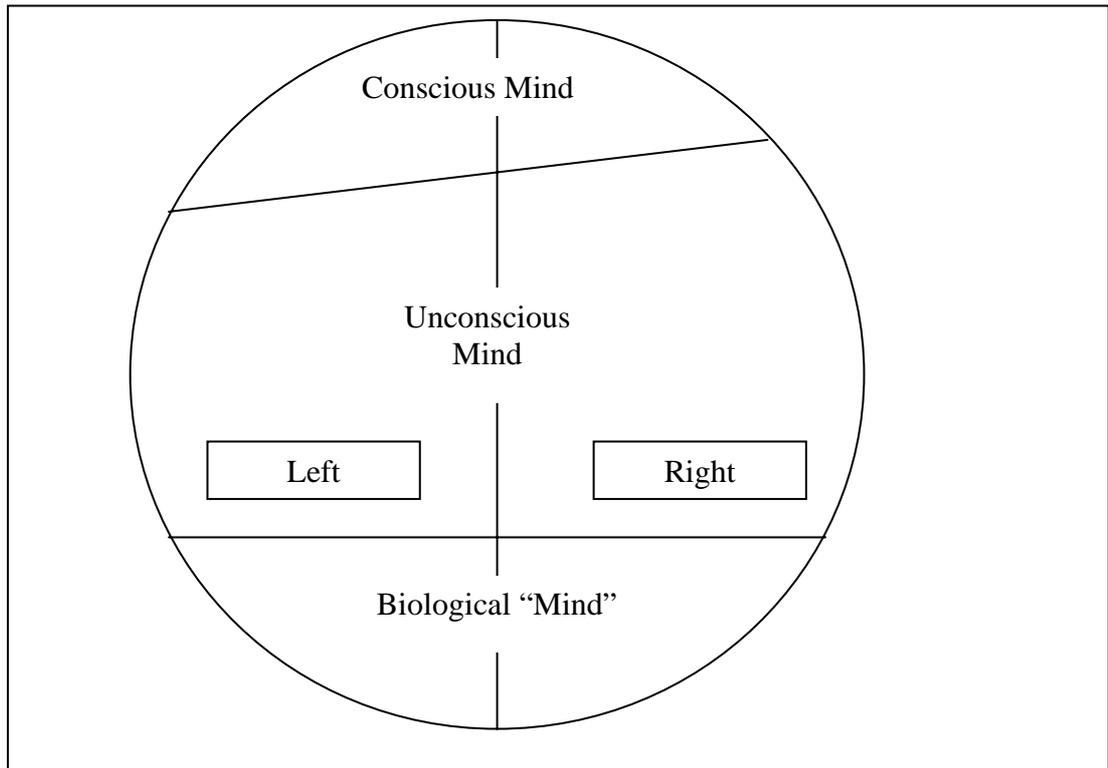
Limits of this model include:

1. Research has supported the view that the hemispheres are not as separate as the original model claimed.
2. We can use both sides of our body consciously, one side is not totally conscious and the other totally unconscious.
3. Many left hemisphere functions are unconscious, e.g. language intuition.
4. Many right hemisphere functions are conscious, e.g. thinking systemically and holistically.
5. Other "brain models" differentiate the three layers of the brain (reptilian, etc.) with different levels of mind.

3. DBM Model of Mind: Emergent Multi-Functional Levels

I have had concerns about the functions that have been attributed to the unconscious. Erickson, and many others, including myself in the past, have attributed changes in heartbeat, looking after blood flow and many other biological functions as "things done by the unconscious". These are not unconscious mind functions; they are body functions. While they could be influenced by mental process, and were included in Bateson's sense of mind, they do operate differently. By including them together with genuine unconscious mind functions the very important relationship between the two is obscured. It therefore made sense to clarify each one and from this be able to investigate the relationship between them.

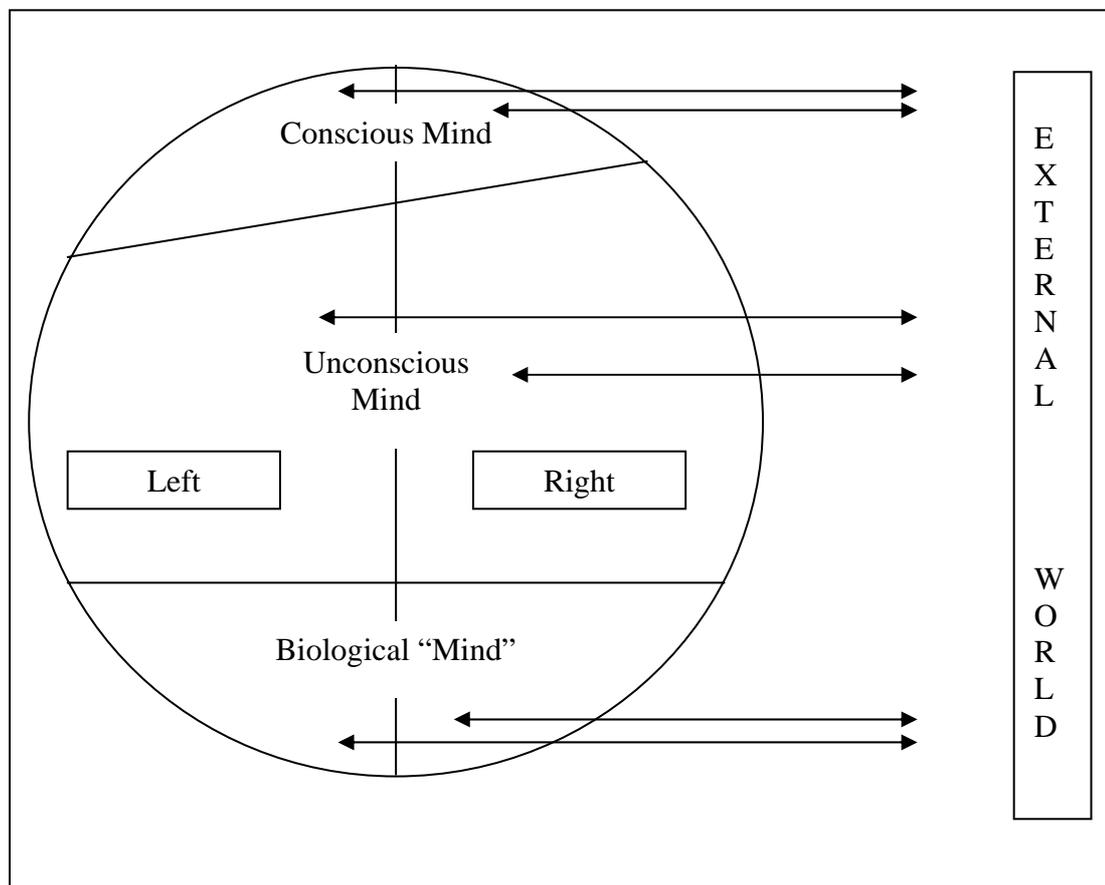
I constructed the following model to bring all of the above together.



All three levels utilise functions in both hemispheres. The conscious mind has a bias in favour of the left hemisphere.

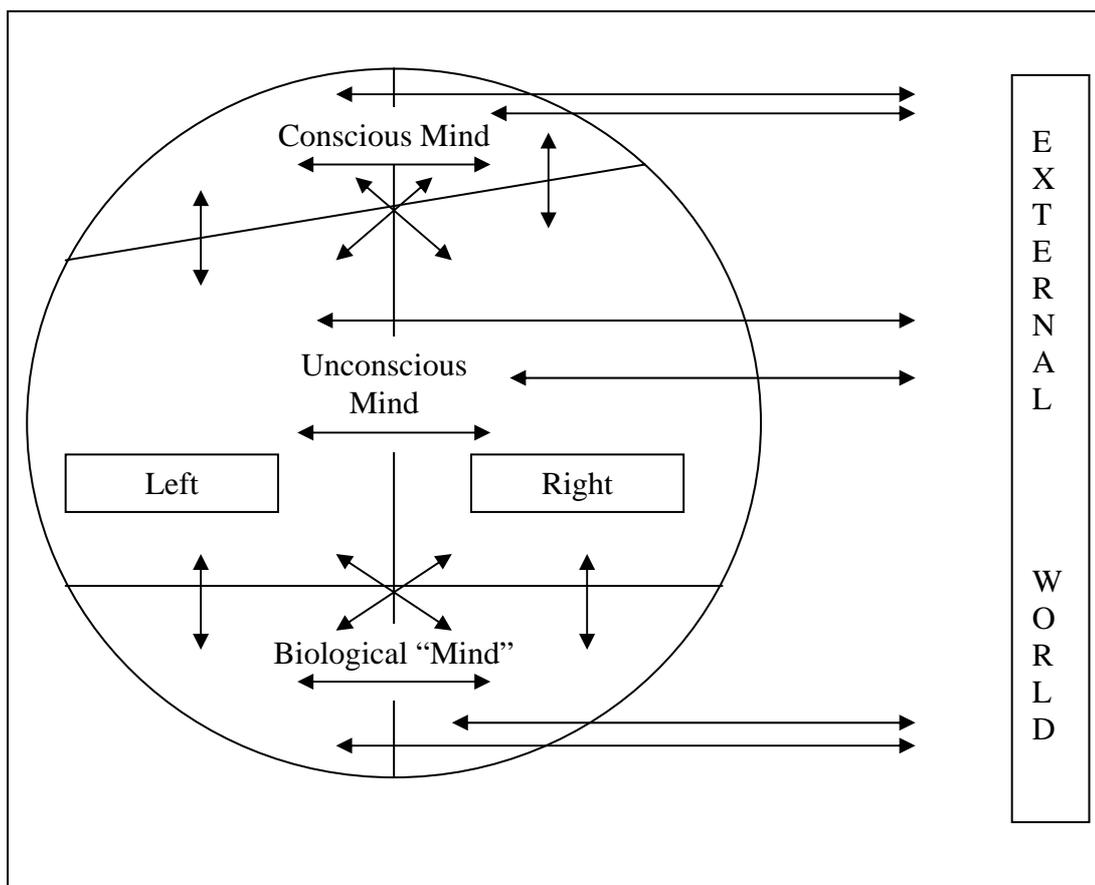
## DBM Model of Mind Communication

This simple model enables us to clarify the different types of communication operating between these levels of mind. All three interact with the external world.



We can also identify internal communication within each level and between the levels. This demonstrates the complexity involved and the number of connections involved in any effective communication involving the whole mind.

This forms an excellent basis for accurately modelling the complexity of mind.



The arrows represent seventeen communication channels; thirty-four direct communication links that we can use to model and utilise in planning and implementing interventions. Direct communication is between adjacent levels only.

This highlights the great challenge when working with the conscious and unconscious with health issues. There is a popular belief that beliefs influence health; that conflicts cause bad health and therefore positive beliefs will cause good health. This can over-emphasise the effect of belief on health and ignore other just as influential factors. Exposure to radiation will result in biological damage no matter how strong a belief is held that it will not. Optimising belief, indeed all conscious and unconscious functioning, is potentially useful but on its own does not guarantee that a benefit will result at the biological level.

### **Levels within Levels**

Working with the whole mind in all its complexity is easier when we are able to model effective communication, understanding how it is happening and where specifically a breakdown occurs.

Each of the three levels, conscious, unconscious and biological mind-body, can be further detailed in terms of levels.

Sub-distinctions in the conscious mind include awareness and potential awareness.

The unconscious mind includes skills, habits, and preferences. The biological mind-body includes the standard biological distinctions. If we were modelling health then using these more detailed levels of the conscious and unconscious minds and their relation to the biological mind-body is be very useful. The level of detail can match the level of precision desired for the application.

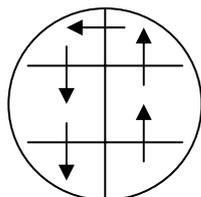
## **The application of DBM Model of Mind Communication**

### **Example One: Classic Headache Reduction:**

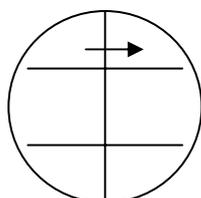
In this classic approach to pain reduction a colour is connected with the headache and then changed. It is important that the subject lets the colour emerge so that it “feels right” and is not consciously chosen.

Some typical instructions you can give to the client...

*“Now start with the headache and ‘begin to transform’ the colour from pain to relaxed. Only if it is appropriate to do so. If it is not appropriate then your unconscious can change the colour to a new and different one; to let you know that there is something to you need to attend to. If it is appropriate now and useful to you overall to relax let the colours change and enjoy any enlightenment that occurs!”*



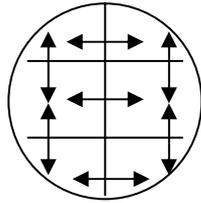
Understanding this through the simple models above helps us to understand why it doesn't work as well if it is done “consciously”. At least five communication links require to be established for it to work. If the colour is chosen consciously then only one link (below) occurs and so the Unconscious link with the Biological Mind-Body level is unlikely to be established. Therefore when the colour is changed it is only a conscious exercise and not linked to the headache.



### **Example Two: DBM Hemisphere Integration**

Another example is the Hemispheric Integration I outlined in article Three.

The procedure “integrates” across all three levels especially when the hands “come together on their own”. (Unconscious movement of biological mind-body!).



I have always been very reluctant to rush into working with health problems. I have cautiously worked with a number of medical and health related issues. With clients I make it clear that we were experimenting and that the influences on health are many and varied. This understanding is one that protects the client from a failure that could set them back while not undermining their commitment to the work. Some people believe that only a total commitment to the treatment will succeed. While this may be useful there is always the danger of it not working and sadly that is what all too often happens.

An example of this type of situation highlights a number of the issues involved. About eight years ago, while travelling, I was asked to see a man who had cancer. As I would only be able to see him once I wasn't sure how much could be achieved so I agreed on the understanding that we would explore with no “promises of anything”. I did not have any background information before seeing him. It turned out that he was experienced in NLP and had been treated with an “NLP and belief” approach to health. The cancer had gone into remission, even though he hadn't been able to find a conflict to work with. (I found out later that he had been cited as a successful example of NLP and health work).

His current problem - the cancer was once again active and he was confused as to how to proceed. Before the NLP work, he had been pursuing a variety of treatments and now he felt he should stay with the NLP but he still didn't have a conflict to work with. He had understood from his NLP treatment that conflict causes the cancer and therefore to get ‘cured’ he needed to find a conflict, but he didn't have a suitable one. The additional conflict that was now active “I should have a conflict but I don't - I need to find one but can't!” was ‘after the event’ and could not be the cause (although if the conflict did cause cancer, his previous treatment would be causing his cancer! I do not agree with this far too over-simplified dynamic but many people seem to).

Over a few hours I outlined some of the complexity of causes and influences including physiology and environment, “anyone exposed to enough radiation will die no matter how strong their beliefs”, and the benefit of his previous approach – explore as many resources as possible. He was much re-assured. Then I assisted him to resolve his current conflict using the “Hemispheric Integration process” Next I guided him through a “whole mind-body integration and optimising” process that included clarifying the communication channels in the diagram above. I had previously explained that it would be disastrous if our conscious minds could easily influence our biological families because we did not have the mental capacity to balance the great complexity of cellular, activity, blood flow, etc., but we could still influence indirectly through conscious communication (Note: influence not cause).

As part of the “Mind-Body optimising of internal communication” I suggested that his “body process level” could communicate to his “conscious level” through something he couldn’t affect consciously. I suggested that his if this was O.K. that his “unconscious” supply a warm tingling feeling starting at his feet and working up through his body continue to integrate and develop an even more healthy balancing of him as a complete complex human being. (This was a performative metaphor for the levels of communication. I will explain performative metaphors in the next article). He smiled and reported afterwards how surprised and amazed he had been when he began to feel this warm tingling. He had never before consciously noticed an “unconscious” feeling. At the end of the session he stated that he felt at peace and was ready to use anything that would further improve his overall health.

### Example Three: Activating “Ownership” for Healthy Transitions

About fourteen years ago, a colleague and friend working as a hospital social worker in a children’s renal unit contacted me. She asked me to help her establish group work programmes for adolescents in the unit. We set them up together, learning a lot about the interaction of health and psychological/emotional issues.

An interesting issue for some of them was “water overdosing”. With renal failure some of them were only allowed one pint of fluid per day – very little – and if they took more their health was at risk. My previous work with drug using adolescents was useful. We came up with a variety of solutions. My favourite, and one of the most useful for reducing consumption of anything, was to take “tastes” rather than drinks. A cup of cola (a days ration for some) was 5 / 6 “drinks” but 20 / 30 tastes!

In the case of an organ transplant the drugs required to reduce the body’s rejection caused blindness; among other severe “side effects”. I used my understanding of unconscious processing and my new models of “bonding” and “transitions” with a few of the patients to help them reduce their level of organ rejection after a transplant. The results were very good but with such a limited sample and no control groups it is important to realise that the benefits could still have been though chance and not a result of my intervention. However, all of the patients I worked with thought it was very helpful and in addition felt more “involved” and in control of what otherwise is a very difficult experience.

Since that time I also worked with one of my NLP assistants who was due to receive a transplant. After the operation his level of rejection was extremely low and he was taken off the dangerous drugs in “record time”.

#### DBM Utilising “ownership” in transplant experience:

- 1 The first stage is to identify some “Thing” that the subject strongly feels that they own now, eg toy, C.D., coat, watch, etc.
- 2 Next identify a point in time when they didn’t own it but “someone else owned it” (the shopkeeper, etc).
- 3 TRACK the sensory and sub-modality changes in the transition from:
  - a) “Thing” owned by someone else

- b) Getting “Thing”
  - c) Establishing “bond” of ownership with “Thing”
  - d) Fully owning “Thing”
- 4 Apply the key transitions to the transplant sequence.  
Add: Extend the ownership to single “integrated self”.

This is an example of consciously utilising the unconscious “non-dominant” patterning together with dominant “dominant” sequencing to effect the biological mind-body.

#### Example Four: The difference between Therapeutic and Entertainment Utilisations of Hypnosis

My interest has always been in the developmental and therapeutic applications of trance. By far the most familiar use is probably the application of hypnosis in entertainment. My only connection with this form while I was extensively experimenting with hypnosis (between ten and twenty years ago) was through a number of volunteers with whom I had worked, who had previously been to a stage hypnotist and had been left with headaches. It was quite straightforward to help them to recover from the experience. My experience took longer to recover from. I strongly agreed with Erickson’s criticism of stage hypnosis. That is how I left it until 1993. Together with Martin Roberts I had organised for Richard Bandler to run two workshops in London. At the first of these, on hypnosis, Paul McKenna attended and invited Richard, his wife and myself to his show. Paul came across as a likeable person so I went along. To make it more interesting I planned to study what happened and model how it was different from therapeutic applications. Paul was very gentle with his audience (not exploiting them as some of my volunteers had reported other stage hypnotists doing). I had a very interesting evening modelling.

#### How are therapeutic and stage hypnosis different?

If you have been to a show or watched TV you will no doubt have noticed or can now remember what happens when the volunteers “become” a famous person, Elvis for example. One I remember was using a brush to sweep the floor (part of the act) and at a given suggestion he would “become” Elvis, take the brush and use it as a microphone and begin singing and dancing in a very “mimic” style. When I had experimented with deep trance identification the results are far more realistic behaviours. The “mimic” quality was an important clue to the major difference between the two applications. The funniest example for me is the almost universal behaviour when any of the volunteers are directed to “be on the phone”. Watch next time and you will see them holding their hands up to their head with the thumb and little fingers pointing out from their hand to “mimic” the phone. This is exactly the type of behaviour that the conscious mind would create when play acting “being on the phone”. In deep trance their hand would be “holding” the phone and definitely would not be used to mimic the phone!

Having noticed this conscious mind quality to their behaviour it became obvious in all they were doing e.g. the speed of response, the banality of a lot of the behaviour, the stereotypical behaviours that they would engage in.

Their behaviour though was not under the usual everyday conscious control. This was a very interesting insight into the variability of the mind.

The main difference between the two seems to be that while therapeutic trance work aims to activate and utilise the unconscious potential of the client, especially the patterning ability of the “non-dominant hemisphere”, stage hypnosis seems mainly to transfer control of the traditionally conscious mind to the hypnotist and activates mainly the dominant hemisphere function – hence the linear mimic quality. The unconscious will also be activated in stage hypnosis but it is more likely to get in the way. Good stage hypnotists will seldom select the obviously very good “deep trance” subjects; again easily verified at most shows.

This supported my refined model of conscious and unconscious processing. Consciousness is an emergent quality of both hemispheres. The Unconscious mind is everything else and that includes most of the functioning of both hemispheres and not just the non-dominant.

Is there therapeutic potential for the processes used in stage hypnosis for therapy? If a therapist used stage hypnosis, conscious level type of control and dominant hemisphere abilities, then it would be similar to conscious mind “will power”, a conscious commitment to changing behaviour. While this can be useful for overcoming some habits it is not appropriate for more complex psychological problems. They require more understanding, skills and appropriate change work.

### **Concluding Comments**

In this article I have shared some of my insights and discoveries in the area of conscious and unconscious processes. The results reflect my constant desire for improvement and learning. There is a great potential for further detailed modelling that will improve our understanding of ourselves as complex human beings.

A substantial proportion of our therapeutic interventions are made on the basis of our understanding about conscious and unconscious processing. More detailed distinctions offer the possibility of more accurate models and from them more effective interventions.

The next article will outline my re-modelling of NLP in the closely related area of activating conscious and unconscious processes, trance induction and metaphor.

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